



**STATE OF NORTH CAROLINA
OFFICE OF STATE BUDGET AND MANAGEMENT**

BEVERLY EAVES PERDUE
GOVERNOR

ANDY WILLIS
STATE BUDGET DIRECTOR

September 9, 2011

MEMORANDUM

TO: Senator Phil Berger, President Pro-Tempore of the Senate
Representative Thom Tillis, Speaker of the House of Representatives

FROM: Andy Willis *AW*
State Budget Director

SUBJECT: Consultation on Expenditure of Grant Awards

Pursuant to Section 5.4 of Session Law 2010-31 (Senate Bill 897), the Office of State Budget and Management is to report to the Joint Legislative Commission on Governmental Operations prior to expending funds received from grant awards. Funding is anticipated to be received and expended for grants included in the attached Notifications of Application for Grant Funds/Awards.

If you have any questions or concerns, please contact me by telephone 919-807-4717 or email to andy.willis@osbm.nc.gov.

Thank you.

AW\kl

Notification of Application for Grant Funds/Awards, 2011-12

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700
Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf

- 1 Department
- 2 Division (except in DHHS)
- 3 DHHS only, choose division from drop down list
- 4 Contact person (name)
- 5 Phone number
- 6 E-mail
- 7 Funding Entity (grantor)
- 8 CFDA number
- 9 Grant title
- 10 Grant application deadline (MM/DD/YY)
- 11 Start date of grant (MM/DD/YY)
- 12 End date of grant (MM/DD/YY)
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- 14 Is this grant already in agency's continuation budget?
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- 22 Is an additional General Fund appropriation required to meet the state match requirement?
- 23 Will any of these funds be passed through to local governments or non-state entities?
- 24 If yes, identify affected entities by type
- 25 Will additional state monies be required to continue the program if grant expires or is reduced?
- 26 If yes, is this a requirement of the grant?
- 27 Are new FTEs funded through the grant?
- 28 If yes, give the number by type for each year: Permanent
- 29 Time-Limited
- 30 Amount of grants funds applied for in each year
- 31 Amount of grants funds awarded in each year
- 32 Purpose of grant or amendment
- 33 Comments

Department of Health and Human Services	Division of Aging and Adult Services	Sabrina Lea	855-4428	Sabrina Lea	USDHHS, Administration on Aging	93 048	Accelerating Integrated, Evidence-Based, and Sustainable Service Systems for Older Adults, Individuals with Disabilities and Family Caregivers (Part A)
07/27/11	09/30/11	09/29/14	New	No	14411	1452	No
18 If yes, what is the source of state funds being used to match grant funds?							
19 Is there a maintenance of effort (MOE) requirement?							
20 If yes, what is the MOE?							
21 Is an additional General Fund appropriation required to meet the state match requirement?							
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25 If yes, is this a requirement of the grant?							
26 Are new FTEs funded through the grant?							

		For 2011-12			
		Complete either Authorized or Proposed			
SFY 2010-11	SFY 2011-12	SFY 2011-12	SFY 2012-13	SFY 2013-14	SFY 2014-15
Actual	Authorized	Proposed	Proposed	Proposed	Proposed
		1,000			
		\$750,000.00	\$250,000.00		
The proposed grant will develop and operate a sustainable, integrated system that offers a comprehensive set of high quality, evidence-based services that help people remain independent and living in the community. This grant is designed to function in tandem with Creating Dementia Capable, sustainable Service Systems for Persons with Dementia and Their Family Caregivers (Part B).					
The Division of Aging and Adult Services is applying for \$3,000,000 in federal funding for the 3 year grant period. The matching requirement for the term of the grant is 5%.					
The local matching requirement for the 1st year will be \$52,632. The matching requirement for the full term of the grant will be \$157,896.					

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.

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Downloaded at http://www.osbm.state.nc.us/files/pdf_files/grants_insr.pdf

[illegible]

For 2011-12					
		Complete either Authorized or Proposed			
SFY 2010-11	SFY 2011-12	SFY 2011-12	SFY 2012-13	SFY 2013-14	SFY 2014-15
Actual	Authorized	Proposed	Proposed	Proposed	Proposed
		1,000			
		\$250,000.00	\$83,333.00		
The proposed grant will assure that the integrated system developed in Part A is dementia capable and offering evidenced-based dementia services and caregiver support programs. This grant is designed to function in tandem with Accelerating Integrated, Evidence-Based, and Sustainable Systems for Older Adults, Individuals with Disabilities and Family Caregivers (Part A)					
The Division of Aging and Adult Services is applying for \$1,000,000 in federal funding for the 3 year grant period. The matching requirements are 25% (\$111,111) for the first year, 35% (\$179,487) for the second year and 45% (\$272,727) for the third year.					

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the state match requirement?
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- 31 Comments

Department of Health and Human Services

Division of Medical Assistance

Patricia Farham

919-855-4274

tish.farham@DHHS.NC.GOV

Centers for Medicare and Medicaid Services, U S Department of Health and Human
Services

93.779

Real Choice Systems Change Grant: Building Sustainable Partnerships for
Housing

08/15/11

10/01/11

09/30/12

New

No

Yes

5%, in-kind

General Fund

No

No

Yes

private non-profit

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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- 4 Phone number
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- 6 Funding Entity (grantor)

Department of Health and Human Services
Division of Public Health
John Peebles
919.745.6737
john.peebles@dohhs.nc.gov
CDC

revised

- 7 CFDA number.....
- 8 Grant title.....
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- 26 Are new FTEs funded through the grant?.....

Department of Health and Human Services	
Division of Public Health	
John Peebles	
919.715.6737	
john.peebles@dhhs.nc.gov	
CDC	
93.94	
Comprehensive HIV Prevention Programs for Health Departments	
08/30/11	
01/01/12	
12/31/12	
New	
Yes	
14430	
1311	
No	
No	
No	
Yes	
local govt AND private non-profit AND other state agency	
Yes	
No	
No	
No	

ST 7/12/11
for 7/12/11
KCB 7/14/11
for 7/14/11

27 If yes, give the number by type for each year:	Permanent
	Time-L
28 Amount of grants funds applied for in each year
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	SFY 2010-11 Actual	SFY 2011-12 Authorized	SFY 2011-12 Proposed	SFY 2012-13 Proposed	SFY 2013-14 Proposed	SFY 2014-15 Proposed
Fed						
			\$3,827,950.00	\$3,827,950.00		

The purpose of this FOIA is to support implementation of health reform.

31 Comments

This FOIA combines two existing HIV prevention-oriented grants into one. The two grants are the HIV Prevention Projects grant and the Expanded HIV Testing grant. CDC's intent is to extend the current Expanded HIV Testing grant budget period by three months with additional funding so that it will end on 12/31/11, in concert with the current HIV Prevention Projects grant and the new grant will begin on 01/01/12.

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Department of Health and Human Services

Division of Central Management and Support

John Price

919-733-2040

john.price@dhhs.nc.gov

Blue Cross and Blue Shield of NC Foundation

0

Dental Technical Assistance for Safety Net Providers

03/15/11

07/01/11

06/30/14

New

No

14410

1510

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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No

For 2010-11

SFY 2009-10

Actual

Authorized

Proposed

Proposed

Proposed

Proposed

Proposed

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SFY 2010-11

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SFY 2011-12

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SFY 2012-13

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SFY 2013-14

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Department of Health and Human Services

1 Department

Division of Central Management and Support

2 Division (except in DHHS)

John Price

3 Contact person (name)

919-733-2040

4 Phone number

john.price@dhs.nc.gov

5 E-mail

The Duke Endowment

6 Funding Entity (granor)

0

7 CFDA number

Medication assistance for low-income and uninsured individuals in North Carolina

8 Grant title

03/31/11

9 Grant application deadline (MM/DD/YY)

07/01/11

10 Start date of grant (MM/DD/YY)

06/30/12

11 End date of grant (MM/DD/YY)

New

12 Application type

No

13 Is this grant already in agency's continuation budget?

14410

14 Budget code the grant will be expended in (XXXX)

1510

15 Fund code (XXXX or NA)

No

16 Is there a state matching requirement?

No

17 If yes, what is the matching requirement?

No

18 If yes, what is the source of state funds being used to match grant funds

No

19 Is there a maintenance of effort (MOE) requirement?

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20 If yes, what is the MOE?

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23 If yes, identify affected entities by type

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24 Will additional state monies be required to continue the program if grant expires or is reduced?

No

25 If yes, is this a requirement of the grant?

No

26 Are new FTEs funded through the grant?

No

27 If yes, give the number by type for each year: Permanent

SFY 2009-10

Time-Limited

Actual

Authorized

SFY 2010-11

Proposed

SFY 2010-11

Proposed

SFY 2011-12

Proposed

SFY 2012-13

Proposed

SFY 2013-14

Proposed

Actual

Authorized

SFY 2010-11

Proposed

SFY 2010-11

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SFY 2011-12

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SFY 2013-14

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Actual

Authorized

SFY 2010-11

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SFY 2010-11

Proposed

SFY 2011-12

Proposed

SFY 2012-13

Proposed

SFY 2013-14

Proposed

Actual

Authorized

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Department of Health and Human Services

Division of Central Management and Support

John Price

919-733-2040

John.price@dhhs.nc.gov

Kate B. Reynolds Charitable Trust

Medication Assistance Program

06/30/11

12/31/12

New

No

14410

1510

No

18 If yes, what is the source of state funds being used to match grant funds

19 Is there a maintenance of effort (MOE) requirement?

No

21 Is an additional General Fund appropriation required to meet the state match requirement?

No

22 Will any of these funds be passed through to local governments or non-state entities?

Yes

local govt AND private non-profit

No

24 Will additional state monies be required to continue the program if grant expires or is reduced?

No

25 If yes, is this a requirement of the grant?

No

26 Are new FTEs funded through the grant?

No

For 2011-12

SFY 2010-11

Complete either Authorized or Proposed

SFY 2011-12

SFY 2011-12

SFY 2012-13

SFY 2013-14

SFY 2014-15

Actual

Authorized

Proposed

Proposed

Proposed

Proposed

Time-Limited

28 Amount of grants funds applied for in each year

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\$333,333.33

\$166,666.67

\$366,666.67

\$183,333.33

Grant is to provide bridge funding for Medication Assistance sites formerly funded by the Health and Wellness Trust Fund Commission or for HealthNet sites who currently have prescription assistance paid through state appropriations. Funding is for an 18 month period beginning June 30, 2011.

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- 26 Are new FTEs funded through the grant?
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- 28 Amount of grants funds applied for in each year
- 29 Amount of grants funds awarded in each year
- 30 Purpose of grant or amendment
- 31 Comments

Department of Health and Human Services

Division of Social Services

Kevin Kelley

919.334.1135

Kevin.Kelley@dhs.nc.gov

Administration on Children, Youth and Families

93.653

Integrating Trauma-Informed and Trauma-Focused Practice in Child Protective Service (CPS) Delivery

07/25/11

09/30/11

09/30/16

New

No

No

No

No

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No

No

For 2011-12

SFY 2010-11

Actual

Authorized

Proposed

2,000

\$480,000.00

2,000

\$160,000.00

2,000

\$160,000.00

2,000

\$160,000.00

2,000

\$160,000.00

2,000

\$160,000.00

2,000

\$160,000.00

2,000

\$160,000.00

2,000

Complete either Authorized or Proposed

SFY 2011-12

Authorized

Proposed

2,000

\$480,000.00

2,000

\$160,000.00

2,000

\$160,000.00

2,000

\$160,000.00

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\$160,000.00

This grant will enable the Division of Social Services to develop the infrastructure for evidenced based clinical interventions for children who are being served by the Child Welfare system. The grant will enable DSS, DMH/DD/SAS and DMA to collaboratively ensure that children receive the interventions in their community. Additionally, funds will be used to develop trauma informed practices within the child welfare system.

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.

Notification of Application for Grant Funds/Awards, 2011-12

Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf

Department of Health and Human Services
Division of Social Services
Dean Simpson
919-334-1234
<u>dean.simpson@dhs.nc.gov</u>
U.S. Department of Agriculture, Food & Nutrition Services
10588
Assessment of Alternatives to Face-to-Face Interviews in SNAP

	For 2011-12	
SFY 2010-11	Complete either Authorized or Proposed	
Actual	Authorized	Proposed

month implementation period (September 2012 – December 2013). There will be a one year planning period in which states develop their pilot program, followed by a 15

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions

Notification of Application for Grant Funds/Awards, 2010-11

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700
Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_inst.pdf

1	Department	Department of Health and Human Services
2	Division (except in DHHS)	Social Services
3	DHHS only, choose division from drop down list	
4	Contact person (name)	Marlene Myers
5	Phone number	919-334-1256
6	E-mail	marlene.myers@dhs.nc.gov
7	Funding Entry (grantor)	US DHHS, ACF, Office of Refugee Resettlement
8	CFDA number	93.576
9	Grant title	Discretionary Targeted Assistance Grant
10	Grant application deadline (MM/DD/YY)	07/06/11
11	Start date of grant (MM/DD/YY)	09/30/11
12	End date of grant (MM/DD/YY)	09/29/12
13	Application type	New
14	Is this grant already in agency's continuation budget?	No
15	Budget code the grant will be expended in (XXXXX)	14440
16	Fund code (XXXXX or NA)	1170
17	Is there a state matching requirement?	No
18	If yes, what is the matching requirement?	
19	If yes, what is the source of state funds being used to match grant funds	
20	Is there a maintenance of effort (MOE) requirement?	No
21	If yes, what is the MOE?	
22	Is an additional General Fund appropriation required to meet the state match requirement?	No
23	Will any of these funds be passed through to local governments or non-state entities?	Yes
24	If yes, identify affected entities by type	private non-profit
25	Will additional state monies be required to continue the program if grant expires or is reduced?	No
26	If yes, is this a requirement of the grant?	Yes
27	Are new FTEs funded through the grant?	Yes
28	If yes, give the number by type for each year	
29	Permanent	
30	Time-Limited	
31	Comments	

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.

Notification of Application for Grant Funds/Awards, 2010-11

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700
Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf

Department of Health and Human Services

Division of Public Health

Mina Shehee, PhD

707-5920

mina.shehee@dohhs.nc.gov

Center for Disease Control

93.07

Enhancing Capacity for Environmental and Public Health Surveillance of
Unregulated Drinking Water

07/21/11

09/12/11

09/11/13

New

No

No

No

No

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The purpose of this grant is to monitor and describe unregulated drinking water sources (UDWS) by identifying and developing access to datasets that describe UDWS characteristics and using these datasets to provide information in support of actions that improve the health of communities served by UDWS.

For 2010-11

Complete either Authorized or Proposed

Authorized

Proposed

Proposed

Proposed

Proposed

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Proposed

- 1 Department
- 2 Division (except in DHHS)
- 3 DHHS only, choose division from drop down list
- 4 Contact person (name)
- 5 Phone number
- 6 E-mail
- 7 Funding Entity (grantor)
- 8 CFDA number
- 9 Grant title
- 10 Grant application deadline (MM/DD/YY)
- 11 Start date of grant (MM/DD/YY)
- 12 End date of grant (MM/DD/YY)
- 13 Application type
- 14 Is this grant already in agency's continuation budget?
- 15 Budget code the grant will be expended in (XXXX)
- 16 Fund code (XXXX or NA)
- 17 Is there a state matching requirement?
- 18 If yes, what is the matching requirement?
- 19 If yes, what is the source of state funds being used to match grant funds
- 20 Is there a maintenance of effort (MOE) requirement?
- 21 If yes, what is the MOE?
- 22 Is an additional General Fund appropriation required to meet the state match requirement?
- 23 Will any of these funds be passed through to local governments or non-state entities?
- 24 If yes, identify affected entities by type
- 25 Will additional state monies be required to continue the program if grant expires or is reduced?
- 26 If yes, is this a requirement of the grant?
- 27 Are new FTEs funded through the grant?
- 28 If yes, give the number by type for each year: Permanent
- 29 Amount of grants funds applied for in each year
- 30 Amount of grants funds awarded in each year
- 31 Purpose of grant or amendment
- 32 Comments

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.

Notification of Application for Grant Funds/Awards, 2010-11

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.
Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf

Department of Health and Human Services

Division of Public Health

Dr. Ruth Petersen

919-707-5203

ruth.petersen@dhs.nc.gov

CDC

93.531

Public Prevention Health Fund: Community Transformation Grants

07/15/11

09/15/11

09/14/12

New

No

14430

1261

No

No

No

No

No

No

No

No

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Notification of Application for Grant Funds/Awards, 2011-12

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8006, 919-807-4700.
Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf

Department of Health and Human Services

- 1 Department
- 2 Division (except in DHHS)
- 3 Contact person (name)
- 4 Phone number
- 5 E-mail
- 6 Funding Entity (grantor)

Laura Louison
919-707-5601
laura.louison@dhs.nc.gov
Health Resources and Services Administration

- 7 CFDA number
- 8 Grant title

93.505
Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting
Formula Grant Program

- 9 Grant application deadline (MM/DD/YY)
- 10 Start date of grant (MM/DD/YY)
- 11 End date of grant (MM/DD/YY)
- 12 Application type
- 13 Is this grant already in agency's continuation budget?
- 14 Budget code the grant will be expended in (XXXX)
- 15 Fund code (XXXX or NA)
- 16 Is there a state matching requirement?
- 17 If yes, what is the matching requirement?

07/21/11
09/30/11
09/29/12
New
Yes
14430
1271
No

- 18 If yes, what is the source of state funds being used to match grant funds.
- 19 Is there a maintenance of effort (MOE) requirement?
- 20 If yes, what is the MOE?

Yes
\$400,561.00

- 21 Is an additional General Fund appropriation required to meet the state match requirement?
- 22 Will any of these funds be passed through to local governments or non-state entities?
- 23 If yes, identify affected entities by type
- 24 Will additional state monies be required to continue the program if grant expires or is reduced?
- 25 If yes, is this a requirement of the grant?
- 26 Are new FTEs funded through the grant?

No
Yes
local govt AND private non-profit
Yes
No
Yes

For 2011-12

SFY 2010-11

Complete either Authorized or Proposed

Authorized

SFY 2012-13

SFY 2013-14

SFY 2014-15

- 27 If yes, give the number by type for each year Permanent

Time-Limited

- 28 Amount of grants funds applied for in each year
- 29 Amount of grants funds awarded in each year
- 30 Purpose of grant or amendment

Actual	Authorized	Proposed	Proposed	Proposed	Proposed
		1,000			
		\$1,656,843.00	\$552,280.00		

The funds are intended to assure effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention, and family support services to these children and families through home visiting programs.

- 31 Comments

Funds are allocated similar to title V in that they are available for 24 months.

One additional FTE is proposed in this grant application - Data Manager (Social/Clinical Research Specialist)

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Notification of Application for Grant Funds/Awards, 2010-11

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700
Instructions at http://www.osbm.state.nc.us/files/inf_files/grants_inst.pdf

Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf

[illegible]

Department of Health and Human Services
Division of Public Health
Marcia Fort
919-707-5635
Marcia.Fort@dhhs.nc.gov
Centers for Disease Control and Prevention
Pilot Individual Early Hearing Detection and Intervention (I-EHDI) Database
09/12/11
New
No
14430
1332
No
No
No
Yes
No
No

27	If yes, give the number by type for each year:	Permanent
		Time-L
28	Amount of grants funds applied for in each year	
29	Amount of grants funds awarded in each year	
30	Purpose of grant or amendment	

		For 2010-11			
		Complete either Authorized or Proposed			
SFY 2009-10		SFY 2010-11	SFY 2010-11	SFY 2011-12	SFY 2012-13
Actual	Authorized	Proposed	Proposed	Proposed	Proposed
nd					
			\$77,766.70		

This is a Centers for Disease Control and Prevention (CDC) combined synopsis/solicitation 2011-Q-13572 for services that shall be provided by states due to the proprietary nature of the services. The data and records needed for this project are State owned, governed by State laws and regulations, and produced through State operated registration systems. This highly specialized data is available from no other source than the identified State or Territory. As the sole entity authorized to and engaged in the collection of this information, each state agency is uniquely and solely capable of providing the requisite data to the Government. The NAICS Code is 541511.

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.

Notification of Application for Grant Funds/Awards, 2010-11

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700
Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf

- 1 Department
- 2 Division (except in DHHS).....
- 3 DHHS only, choose division from drop down list.....
- 4 Contact person (name)
- 5 Phone number
- 6 E-mail
- 6 Funding Entity (grantor)
- 7 CFDA number.....
- 8 Grant title
- 9 Grant application deadline (MM/DD/YY)
- 10 Start date of grant (MM/DD/YY)
- 11 End date of grant (MM/DD/YY)
- 12 Application type
- 13 Is this grant already in agency's continuation budget?
- 14 Budget code the grant will be expended in (XXXXX).....
- 15 Fund code (XXXX or NA)
- 16 Is there a state matching requirement?
- 17 If yes, what is the matching requirement?
- 18 If yes, what is the source of state funds being used to match grant funds
- 19 Is there a maintenance of effort (MOE) requirement?
- 20 If yes, what is the MOE?
- 21 Is an additional General Fund appropriation required to meet the state match requirement?
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- 23 If yes, identify affected entities by type
- 24 Will additional state monies be required to continue the program if grant expires or is reduced?
- 25 If yes, is this a requirement of the grant?
- 26 Are new FTEs funded through the grant?
- 27 If yes, give the number by type for each year: Permanent
- 28 Amount of grants funds applied for in each year
- 29 Amount of grants funds awarded in each year
- 30 Purpose of grant or amendment
- 31 Comments

Department of Health and Human Services

Division of Public Health

Linda Rascoe

919-707-5310

Linda Rascoe@dhs.nc.gov

Centers for Disease Control and Prevention

93.283

Developing Support and Educational Awareness for Young (<45) Breast Cancer Survivors in the United States

06/30/11

09/28/11

09/27/12

New

No

14430

N/A

No

No

Yes

private non-profit AND other state agency

No

Yes

Yes

For 2010-11
Complete either Authorized or Proposed

SFY 2009-10

SFY 2010-11

SFY 2010-11

SFY 2011-12

SFY 2012-13

SFY 2013-14

Actual

Authorized

Proposed

Proposed

Proposed

Proposed

Time-Limited

Actual

Authorized

Proposed

Proposed

Proposed

Proposed

2,000

Actual

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Notification of Application for Grant Funds/Awards, 2010-11

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.
Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf

1 Department	Department of Health and Human Services				
2 Division (except in DHHS)	Division of Public Health				
3 DHHS only, choose division from drop down list	Alan J. Dellapenna, Jr.				
4 Contact person (name)	919-707-5441				
5 Phone number	alan.dellapenna@dhs.nc.gov				
6 E-mail	US DHHS, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control				
7 Funding Entity (grantor)	33 136				
8 CFDA number	Core Violence and Injury Prevention Program				
9 Grant title					
10 Grant application deadline (MM/DD/YY)	02/06/11				
11 Start date of grant (MM/DD/YY)	08/01/11				
12 End date of grant (MM/DD/YY)	07/31/12				
13 Application type	New				
14 Is this grant already in agency's continuation budget?	No				
15 Budget code the grant will be expended in (XXXXX)	14430				
16 Fund code (XXXX or NA)	1176				
17 Is there a state matching requirement?	No				
18 If yes, what is the matching requirement?					
19 If yes, what is the source of state funds being used to match grant funds					
20 Is there a maintenance of effort (MOE) requirement?	No				
21 If yes, what is the MOE?					
22 Is an additional General Fund appropriation required to meet the state match requirement?	No				
23 Will any of these funds be passed through to local governments or non-state entities?	No				
24 If yes, identify affected entities by type					
25 Will additional state monies be required to continue the program if grant expires or is reduced?	No				
26 If yes, is this a requirement of the grant?					
27 Are new FTEs funded through the grant?	Yes				

	For 2010-11					
	SFY 2009-10 Actual	SFY 2010-11 Authorized	SFY 2010-11 Proposed	SFY 2011-12 Proposed	SFY 2012-13 Proposed	SFY 2013-14 Proposed
28 Amount of grants funds applied for in each year				2,000		
29 Amount of grants funds awarded in each year			\$875,000.00	\$802,083.33	\$72,917.00	
30 Purpose of grant or amendment			\$428,078.00	\$392,404.00	\$35,674.00	
31 Comments	<p>The grant provides core capacity building funding for the Injury and Violence Prevention Branch of the Division of Public Health. This is the primary federal funding for state injury and violence prevention programs and provides funding to a core function of the Division of Public Health. The funding enables the Division of Public Health to address the leading cause of death for the 1-50 year old population, 87% of the North Carolina population.</p> <p>The grant was offered in 5 components and funded for a 5 year cycle. NF received approval of all 5 components and awarded for 3 components (BIC, SQI & RNL). The grant planes to add the following 2 new positions: Public Health Program Consultant II, Public Health Program Epidemiologist I</p>					

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Notification of Application for Grant Funds/Awards, 2010-11

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700
Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_inst.pdf

Department of Health and Human Services
Division of Public Health
Alan J Dellapenna, Jr.
919-707-5441
alan.dellapenna@dhhs.nc.gov
US DHHS, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control
93 136
North Carolina Base Integration Component Application

27	If yes, give the number by type for each year:	Permanent
28	Amount of grants funds applied for in each year	Time-L
29	Amount of grants funds awarded in each year	
30	Purpose of grant or amendment	

For 2010-11					
		Complete either Authorized or Proposed			
SFY 2009-10	SFY 2010-11	SFY 2010-11	SFY 2011-12	SFY 2012-13	SFY 2013-14
Actual	Authorized	Proposed	Proposed	Proposed	Proposed
			2,000		
		\$875,000.00	\$802,083.33	\$72,917.00	
		\$428,078.00	\$392,404.00	\$35,674.00	
The grant provides core capacity building funding for the Injury and Violence Prevention Branch of the Division of Public Health. This is the primary federal funding for state injury and violence prevention programs and provides funding to a core function of the Division of Public Health. The funding enables the Division of Public Health to address the leading cause of death for the 1-60 year old population, 87% of the North Carolina population.					
The grant was offered in 5 components and funded for a 5 year cycle. WP received approval of all 5 components and awarded for 3 components (BIC, SOL & RNL). The grant planmes to add the following 2 new positions: Public Health Program Consultant II, Public Health Epidemiologist I					

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.

Notification of Application for Grant Funds/Awards, 2010-11

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700
Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf

- 1 Department
- 2 Division (except in DHHS)
- 3 DHHS only, choose division from drop down list
- 4 Contact person (name)
- 5 Phone number
- 6 E-mail
- 6 Funding Entity (grantor)
- 7 CFDA number
- 8 Grant title
- 9 Grant application deadline (MM/DD/YY)
- 10 Start date of grant (MM/DD/YY)
- 11 End date of grant (MM/DD/YY)
- 12 Application type
- 13 Is this grant already in agency's continuation budget?
- 14 Budget code the grant will be expended in (XXXX)
- 15 Fund code (XXXX or NA)
- 16 Is there a state matching requirement?
- 17 If yes, what is the matching requirement?
- 18 If yes, what is the source of state funds being used to match grant funds.
- 19 Is there a maintenance of effort (MOE) requirement?
- 20 If yes, what is the MOE?
- 21 Is an additional General Fund appropriation required to meet the state match requirement?
- 22 Will any of these funds be passed through to local governments or non-state entities?
- 23 If yes, identify affected entities by type
- 24 Will additional state monies be required to continue the program if grant expires or is reduced?
- 25 If yes, is this a requirement of the grant?
- 26 Are new FTEs funded through the grant?
- 27 If yes, give the number by type for each year
- 28 Amount of grants funds applied for in each year
- 29 Amount of grants funds awarded in each year
- 30 Purpose of grant or amendment
- 31 Comments

Department of Health and Human Services

Division of Central Management and Support

John Price

919-733-2040

john.price@dhhs.nc.gov

NC Health Quality Alliance (NCHOA)

Physician Quality Improvement Funds

06/01/11

08/31/11

New

No

14410

1510

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

For 2010-11

Complete either Authorized or Proposed

SFY 2009-10

Actual

Authorized

Proposed

SFY 2010-11

Authorized

Proposed

SFY 2011-12

Authorized

Proposed

SFY 2012-13

Authorized

Proposed

SFY 2013-14

Authorized

Proposed

Proposed

Proposed

Proposed

Proposed

Proposed

Proposed

We did not apply for this grant. It was awarded as a means to assist Community Care networks with the quality improvement activities they have undertaken. This continues for an additional one to three months a process that was previously funded through a Health and Wellness Trust Fund Commission grant that ends June 30, 2011.

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.

Notification of Application for Grant Funds/Awards, 2011-12

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700
Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf

Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf

<p>1 Department</p> <p>2 Division (except in DHHS)</p> <p>3 Contact person (name)</p> <p>4 Phone number</p> <p>5 E-mail</p> <p>6 Funding Entity (granor)</p> <p>7 CFDA number</p> <p>8 Grant title</p> <p>9 Grant application deadline (MM/DD/YY)</p> <p>10 Start date of grant (MM/DD/YY)</p> <p>11 End date of grant (MM/DD/YY)</p> <p>12 Application type</p> <p>13 Is this grant already in agency's continuation budget?</p> <p>14 Budget code the grant will be expended in (XXXXX)</p> <p>15 Fund code (XXXX or NA)</p> <p>16 Is there a state matching requirement?</p> <p>17 If yes, what is the matching requirement?</p> <p>18 If yes, what is the source of state funds being used to match grant funds</p> <p>19 Is there a maintenance of effort (MOE) requirement?</p> <p>20 If yes, what is the MOE?</p> <p>21 Is an additional General Fund appropriation required to meet the state match requirement?</p> <p>22 Will any of these funds be passed through to local governments or non-state entities?</p> <p>23 If yes, identify affected entities by type</p> <p>24 Will additional state monies be required to continue the program if grant expires or is reduced?</p> <p>25 If yes, is this a requirement of the grant?</p> <p>26 Are new FTEs funded through the grant?</p>	<p>Department of Health and Human Services</p> <p>Division of Public Health</p> <p>Karen Knight</p> <p>919-715-4556</p> <p>Karen.Knight@dhs.nc.gov</p> <p>Centers for Disease Control and Prevention (CDC), National Program of Cancer Registries</p> <p>93,283</p> <p>Enhancing Cancer Registries for Early Case Capture of Pediatric and Young Adult Cancer Cases</p> <p>07/29/11</p> <p>09/29/11</p> <p>08/31/14</p> <p>New</p> <p>No</p> <p>14430</p> <p>11771</p> <p>No</p> <p>N/A</p> <p></p> <p>No</p> <p>No</p> <p>N/A</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p>
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	SFY 2010-11		SFY 2011-12		SFY 2012-13		SFY 2013-14		SFY 2014-15	
	Actual	Authorized	Proposed	Authorized	Proposed	Authorized	Proposed	Authorized	Proposed	
Time-Limited										
28 Amount of grants funds applied for in each year										
29 Amount of grants funds awarded in each year										
30 Purpose of grant or amendment										

The NC Central Cancer Registry collects information on all cancers diagnosed in the state of North Carolina. The CCR performs casefinding, quality assurance, and statistical analysis to support cancer control and research activities in the state. This grant is to enhance and expand infrastructure to track the epidemiology of pediatric cancer into a comprehensive nationwide registry of actual occurrences of pediatric cancer. The funding will be for 9 months in SFY 2011-12, 12 months for SFY 2012-13 and 2013-14 and 3 months funding for SFY 2014-15.

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.

Notification of Application for Grant Funds/Awards, 2010-11

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700
Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf

1	Department	Department of Health and Human Services
2	Division (except in DHHS).....	Division of Aging and Adult Services
3	DHHS only, choose division from drop down list.	Gary Cyrus
4	Contact person (name)	733-8390
5	Phone number	gary.cyrus@dhs.nc.gov
6	E-mail	USDHHS, Administration on Aging
7	Funding Entity (grantor)	93 072
8	CFDA number	Lifespan Respite Care program Competing Program Expansion
9	Grant title	
10	Grant application deadline (MM/DD/YYYY)	06/15/11
11	Start date of grant (MM/DD/YYYY)	09/01/11
12	End date of grant (MM/DD/YYYY)	08/31/11
13	Application type	New
14	Is this grant already in agency's continuation budget?	No
15	Budget code the grant will be expended in (XXXXXX)	14411
16	Fund code (XXXX or NA)	1210
17	Is there a state matching requirement?	No
18	If yes, what is the matching requirement?	
19	If yes, what is the source of state funds being used to match grant funds.	
20	Is there a maintenance of effort (MOE) requirement?	No
21	If yes, what is the MOE?	
22	Is an additional General Fund appropriation required to meet the state match requirement?	No
23	Will any of these funds be passed through to local governments or non-state entities?	Yes
24	If yes, identify affected entities by type	private non-profit
25	Will additional state monies be required to continue the program if grant expires or is reduced?	No
26	If yes, is this a requirement of the grant?	No
27	Are new FTEs funded through the grant?	No

	SFY 2009-10 Actual	SFY 2010-11 Authorized	SFY 2010-11 Proposed	SFY 2011-12 Proposed	SFY 2012-13 Proposed	SFY 2013-14 Proposed
Time-Limited				\$126,000.00	\$24,000.00	
Permanent						

DAA's in partnership with the NC Respite Care Coalition and key stakeholders, will expand the scope of our current project to provide respite services to individuals with unmet needs and increase the impact of activities currently underway in the existing Lifespan Respite Care grant.

There is a 25% non-federal matching requirement which will be met through in-kind salary and fringe benefit costs through Eastern Seals UPCC NC and VA and through direct respite care service providers.

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